

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90110 021 \*\*\*150.00

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**DOCUMENT # P00736**

1. Corporation Name

**PM GROUP LIFE INSURANCE CO.**

Principal Place of Business

**700 NEWPORT CENTER DRIVE  
NEWPORT BEACH CA 92660**

Mailing Address

**700 NEWPORT CENTER DRIVE  
NEWPORT BEACH CA 92660**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/27/1984**

4. FEI Number

**95-3769814**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**INSURANCE COMMISSIONER  
THE CAPITOL  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD  
FERRIS, WILLIAM L.  
STREET ADDRESS 1990 PORT EDWARD CIRCLE  
CITY-ST-ZIP NEWPORT BEACH CA**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SVP  
GRISWOLD, GERALD W.  
STREET ADDRESS 700 NEWPORT CENTER DR  
CITY-ST-ZIP NEWPORT BEACH CA**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
SCHAFFER, GLENN S.  
STREET ADDRESS 24566 SANTA CLARA AVENUE  
CITY-ST-ZIP DANA POINT CA 92629**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD  
MILFS, AUDREY L.  
STREET ADDRESS 26922 ROCKINGHORSE LANE  
CITY-ST-ZIP LAGUNA HILLS CA**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **D  
SUTTON, THOMAS C.  
STREET ADDRESS 4627 CAMDEN DRIVE  
CITY-ST-ZIP CORONA DEL MAR CA**

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **V  
WIRTHLIN, R. LEE  
STREET ADDRESS 700 NEWPORT CENTER DR  
CITY-ST-ZIP NEWPORT BEACH CA**

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/99

(949) 760-4086

Date

Daytime Phone #

R. LEE WIRTHLIN VICE PRESIDENT

CR2E034 (11/98)